

APPLICATION AND CONTRACT FOR ELECTRIC FACILITIES WHERE FULL ADVANCE PAYMENT IS REQUIRED Temporary Service

To Southern California Edison:

The undersigned Applicant hereby requests you to deliver electric energy to and for the equipment hereinafter described, at the location shown on the reverse side hereof, in accordance with the applicable rates and rules of SCE.

In consideration of SCE's acceptance of this application, and the installation of facilities to supply temporary electric service, Applicant hereby agrees to the following:

1. SCE has made available for inspection its applicable rates and rules. Applicant agrees to comply therewith, and with any changes or modifications thereof which may be authorized from time to time by the Public Utilities Commission of the State of California.
2. Applicant's attention has been directed to the rate schedules applicable to the service herein described, and Applicant has elected to take and pay for service under Schedule _____ for a minimum period of _____ months. As specified in this schedule, Applicant elects the following optional provisions:
3. Applicant agrees to pay in advance to SCE, prior to the installation thereof, the estimated cost installed plus the estimated cost of removal, less the estimated salvage of the facilities installed to provide the service herein applied for, which cost is agreed to be the sum of _____ Dollars (\$ _____).
4. The amount of refund upon reclassification of Applicant from temporary to permanent will be made on the basis of the extension rule in effect at the time temporary service is reclassified to permanent. No interest shall be paid on the amount advanced.
5. Applicant hereby grants to SCE a right of way for any electric lines which it may be necessary to build in, on, under or over Applicant's premises for the purpose of making delivery hereunder. Where Applicant requests facilities which are in addition to, or in substitution for, the standard facilities which SCE normally would install, the extra cost thereof shall be paid by Applicant.
6. In the event Applicant within the initial 36 months of this contract materially increases or decreases his electric service requirements from those installed hereunder and a change is made in SCE's facilities, settlement shall be made for the installation and removal cost of the facilities removed. A new agreement shall be entered into providing for the modified service required by Applicant.
7. This contract shall at all times be subject to such changes or modifications by the Public Utilities Commission of the State of California as said Commission may, from time to time, direct in the exercise of its jurisdiction.
8. Where applicable — Contract Demand _____ (kW).
9. Where applicable — Excess Transformer Capacity _____ (kVa).

| EQUIPMENT TO BE SERVED | PHASE | K.V.A. | K.W. | H.P. |
|------------------------|-------|--------|------|------|
| LIGHTING | | | | |
| | | | | |
| POWER | | | | |
| | | | | |

Service Voltage _____ Connected Load _____ Est. Max. Demand _____

Corporate or Individual's Name _____

Dated _____ D.B.A. _____

By _____ Title _____

Witness _____ Office of Origin _____

Approved and accepted for Southern California Edison Company

By _____ Manager



SOLE PROPRIETORSHIP CORPORATION GENERAL PARTNERSHIP CO-PARTNERSHIP OTHER

CORPORATE OR INDIVIDUAL'S NAME

DBA NAME

BUSINESS TELEPHONE NUMBER

PARTNERS OR CORPORATION OFFICERS

| NAME | ADDRESS | TITLE | TELEPHONE NUMBER |
|------|---------|-------|------------------|
| NAME | ADDRESS | TITLE | TELEPHONE NUMBER |

SERVICE ADDRESS STREET SERVICE ADDRESS POST OFFICE

| CYCLE | DIST | BOOK | FOLIO | CR CD | FORMER BUSINESS SERVICE ADDRESS |
|-------|------|------|-------|-------|---------------------------------|
| | | | | | |

DEPOSIT NUMBER DEPOSIT AMOUNT APPLICANT'S RESIDENCE ADDRESS

THIS SERVICE DEPOSIT IS SUBJECT TO ADJUSTMENT

OWNER OF PREMISES NAME TELEPHONE NUMBER

DATE ADDRESS

APPLICANT'S INITIAL

| RET. TO ACCTG. | F.S.R. AREA NO. | ON | G | DIST | PREFIX | (METER NO.) | SUFFIX | DATE EFFECTIVE | BY SUB |
|----------------|-----------------|----|---|------|--------|-------------|--------|----------------|--------|
| | | | | | | | | MO DA | |

| CREDIT DEPT. APPROVAL | DATE WANTED | CYCLE | BOOK | FOLIO | CUST. NO. |
|-----------------------|-------------|-------|------|-------|-----------|
| | | | | | |

LIGHT SCHEDULE NEAREST CROSS STREET

POWER METER ORDER NO. LOAD CHECK

NEW SET

LOOK-UP NO. D.W.O. NO.

C.W.O. / C.J.O. NO. HOURS OF OPERATION

SQUARE FOOTAGE (AS REQUIRED)

ADDITIONAL INFORMATION

ORDER TAKEN

AT BY DATE

COMPLETED FIELD COMPLETED BKPING

BY DATE BY DATE

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| NAME | READ | CR. CD | SP. HHD | DP. REQ | DEPOSIT AMT | BY H.L. | GSP | DEM. READ | |
|-----------------------------|---------|----------|---------|---------|--------------|------------|-------------|-----------|------------|
| | | | | | 00/100 | | | | |
| RES | RANGE | WT. H | HEAT | AIR C | D.M. PR. RES | D.M. RANGE | D.M. WTR. H | D.M. HEAT | D.M. AIR C |
| | | | | | | | | | |
| SERVICE ADDRESS STREET | APT NO. | | | | | | | | |
| | | | | | | | | | |
| SERVICE ADDRESS POST OFFICE | CA | ZIP CODE | | | | | | | |
| | | | | | | | | | |

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| IMMEDIATE PREVIOUS EDISON SERVICE ADDRESS | | | | | | | | | |
|---|--------|---------|--------|-------|------|--|--|--|--|
| INST CD | LOC CD | MUL ACC | COPIES | WO CD | CITY | | | | |
| | | | | | | | | | |

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| MAILING ADDRESS | | | | | | | | | |
|-----------------|--|--|--|--|--|--|----------|--|--|
| | | | | | | | | | |
| MAILING ADDRESS | | | | | | | | | |
| | | | | | | | | | |
| MAILING ADDRESS | | | | | | | ZIP CODE | | |
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